



Republic of the Philippines  
**Department of Education**  
 REGION IV-A CALABARZON  
 SCHOOLS DIVISION OF IMUS CITY  
 GEN. EMILIO AGUINALDO NATIONAL HIGH SCHOOL  
 PALICO IV, CITY OF IMUS, CAVITE

ICETS – F2 (ICETS Copy)

**LABORATORY REQUEST FORM**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Department/ Office: \_\_\_\_\_ Date: \_\_\_\_\_  
 DCP  COMHUB

Requested date:	
Purpose:	
Number of Participants:	

Recommended by:

Approved by:

**MARY ANN N. VILLAREAL**  
 ICT Coordinator

**ARTURO P. ROSAROSO JR.**  
 Principal IV

**Note:** In case there is a need of tools / equipment, please accomplished ICETS-F3  
**Reminders:** The requester is responsible for the physical arrangement of the laboratory and the cleanliness before and after use. Please don't forget to return all the borrowed tools/ equipment in Computer Hub.



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